

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90824 041 ****61.25

DOCUMENT # 765911

1. Entity Name
WINTER SPRINGS CIVIC ASSOC., INC.



Principal Place of Business
P O BOX 195332
WINTER SPRINGS FL 32719-5332
US

Mailing Address
P O BOX 195332
WINTER SPRINGS FL 32719-5332
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2925950**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARTHUR HOFFMANN
1436 MT LAUREL LANE
WINTER SPRINGS FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERRING, JOHN	
STREET ADDRESS	694 BENITAWOOD CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KREBS, JOANNE	
STREET ADDRESS	1002 TAPROOT DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOFFMANN, ARTHUR	
STREET ADDRESS	1436 MT LAUREL DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	GROGAN, RICHARD	
STREET ADDRESS	697 ABERDEEN LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	FERRING, PATRICIA	
STREET ADDRESS	694 BENITAWOOD CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	LYZEN, LURENE	
STREET ADDRESS	627 MARNI DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN TRENCHER	
STREET ADDRESS	1632 WINTER SPRINGS BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE LEIN	
STREET ADDRESS	1173 WINGED FOOT CIRCLE E.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELG A SCHWARZ	
STREET ADDRESS	720 GALLOWAY COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur Hoffmann

Treas.

Feb 18, 2003

CR2E037 (10/02)